

CLINICAL SPECIMEN SHIPPING UNITS REQUISITION

TO ORDER INDIVIDUAL COMPONENTS - USE REVERSE SIDE

Fax/Mail//E-mail Orders to: Michigan Department of Community Health
Laboratory Support Unit
927 Terminal Road
Lansing MI 48906

FAX 517-335-9039

PHONE 517-335-9867

WEB <http://www.michigan.gov>

Send To (No PO Boxes):		Date:			
		Phone:			
		Attention:			
Unit Number	Type of Laboratory Service	Circle Number of Complete Tests Desired			
One	Enteric Bacterial Infections Fecal transport medium for culture of enteric bacterial pathogens.	25	50	Other_____	
Two	Chlamydia & Gonorrhea - Amplified Test Please Specify: 9 Swabs - Female <u>or</u> 9 Swabs - Male	100	200	300	400 Other_____
Two - U	Chlamydia & Gonorrhea - Amplified Test -Urine Specimens – must be pre-approved EPIC # _____	25	50	75	100
Three	Viral Load Testing for HIV - 1 For submission from HIV-1 positive patients enrolled in MDCH approved programs <u>only</u> .	1	2		
Four	Oral Fluid Specimen Test System for HIV-1 Mailing Components <u>only</u> .	10	50	100	200
Five	Enteric Viral Infections - <u>Special Request Only</u> Contact laboratory at 517-335-8067.	Special Request Only			
Six	Parasitic Infections Fecal transport media for detection of ova, cysts and trophozoites.	10	20	30	40
Seven	Blood Lead Sampling Please Specify Tube Type 9 Capillary 9 Venous	50	100	150	200
Seven AA®	Environmental Lead Sampling Indicate quantity of test requisitions desired (DCH-0558 – Revised 10/01) >>>>>	1	5	10	50 Other_____
Eight	Bacterial, Fungal and Viral Serology (For HIV Serology – Order Unit 49)	25	50	100	Other_____
Nine	HCV Confirmatory Testing For submission of EDTA plasma specimens from HCV serology positive patients only .	1	2	5	
Ten	Syphilis by Darkfield Fluorescent exam for <i>Treponema pallidum</i> .	1	2		
Eleven	Legionella Urinary Antigen, EIA For submission of urine specimens for EIA	1	2	5	
Twelve	Tuberculosis and Fungal Diagnosis Specimens For submission of clinical specimens for microscopy and culture.	25	50	100	Other_____
Thirteen	CD4/CD8 & Viral Load Testing for HIV-1 For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1	2	5	
Fourteen	PBB, PCB, Pesticide Testing For submission of serum & breast milk specimens for analysis. Contact Laboratory @ 517-335-9490	Special Request Only			
Fifteen	Bordetella pertussis – Culture, Isolation, & PCR	1	2	5	
Seventeen	Mercury Analysis - Contact laboratory at 517 -335-9490.	Special Request Only			
Eighteen	West Nile Virus - For submission of dead birds for evaluation @ MSU– Diagnostic Center for Population and Animal Health (ADHL)	1	2	4	
Nineteen	HIV Genotyping For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1	2	5	
Twenty	Vaccinia/Variola/Pox Virus Contact laboratory at 517-335-8067	Special Request Only			
Forty-Two	Bacterial and Fungal Cultures For submission of pure cultures for identification.	1	2	5	
Forty-Four	Chlamydia Culture and Isolation For submission of specimens for diagnosis of genital, neonatal infections, pneumonia.	1	2	Other_____ (One Month Expiration - Order Accordingly)	
Forty-Five	Viral Disease Examination and Culture For submission of miscellaneous specimens for Viral Isolation	1	2	Other_____ (One Month Expiration - Order Accordingly)	
Forty-Six	Food Borne Illness - For submission of food, stool and vomitus. Norovirus (Norwalk like) - by special request. Contact lab at 517-335-8067	Available to Health Officers Only			
Forty- Seven	Rabies Examinations - For submission of animal heads for detection of rabies. 9 Check here for 3 gallon pails	1	2	4	
Forty- Nine	HIV Serology - For submission of serum for HIV Antibody testing to the Regional Laboratories.	50	100	Other_____	
Fifty	HIV Serology - For submission of Blood Spots for HIV Antibody testing.	50	100	Other_____	
Fifty-One	HIV Direct Detection - Special Request Only Contact laboratory at 517-335-8067.	Special Request Only			

TO ORDER COMPLETE UNITS - USE REVERSE SIDE

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	Phone:
	Attention:

Components - If **“Unit Number”** is blank, write in the Unit Number you will be using the component with so that the proper size and type of component will be sent. MDCH cannot ship components if this information is incomplete.

Component Number	Nomenclature	Unit Number (Refer to Front of This Form)	Quantity
1	Bag, Plastic		
3	Container, Mailing – Styrofoam w/w/o Sleeve or Cardboard/Aluminum Tube		
7	Cup, Specimen, Plastic, Sterile		
9	Envelope, Return Mailing – Lansing Address	Four and Fifty	
13	Holder, Microscope Slide, Two Place	Ten	
15	Instructions, Specimen Submission – Specify >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
17	Label, Clinical Specimens/Biological Products (Orange)	Two U/Seven	
21	Label, Return Shipping 9 Lansing 9 Kent 9 Detroit 9 Saginaw 9 Kalamazoo		
23	Medium, Transport 9 Chlamydia Culture 9 Enteric Culture 9 Parasitic 9 Viral Culture		
25	Material, Adsorbent	Two/Eighteen/Forty-Two/Forty-Seven	
31	Pail, with lid – Specify: 9 One Gallon 9 Three Gallon	Eighteen/Forty-Seven	
35	Pipette, Transfer, Sterile - 7.0 mL	Forty-Six	
36	Pouch, Urine Processing (UPP)	Two-U	
37	Refrigerant (Ice Substitute)	Three, Nine, Thirteen, Seventeen, Eighteen, Forty-Four, Forty-Five, Forty-Six & Forty-Seven	
39	Requisition, Test 9 Microbiology/Virology 9 Regional Laboratories 9 Other-Specify >>>		
40	Pipette, Transfer	Forty-Six	
41	Sleeve, Mailing	Two/Fifteen	
43	Slide, Microscope	Ten	
44	Spatula, Sterile	Forty-Six	
45	Strip, Adsorbent		
46	Swab, for <i>Bordetella pertussis</i> transport and isolation.	Fifteen	
47	Swab, for Amplified Test - Chlamydia & Gonorrhea 9 Female 9 Male	Two	
51	Tube, Capillary Blood Sampling, EDTA, 200FL, Bags of Fifty	Seven and Fifty-One	
53	Tube, Centrifuge, 2 mL, Sterile	Seventeen	
55	Tube, Centrifuge, 15 mL	Seventeen	
57	Tube, Centrifuge, 50 mL, Sterile	Five/Eleven/Twelve/Forty-Five/Forty-Six	
59	Tube, Serum, 3.0 mL, non-sterile - with caps		
61	Tube, Venous Blood Sampling, EDTA 9 2.0 mL 9 5.0 mL 9 6.0 mL 9 7.0 mL		
63	Tube, Venous Blood Sampling, 9 10.0 mL		

Miscellaneous Requests: